

New Mexico Judicial Branch

ADMINISTRATIVE OFFICE OF THE COURTS
HUMAN RESOURCES DIVISION

NEW HIRE INSURANCE BENEFITS ACKNOWLEDGMENT FORM

Employee Name: _____

- I have been informed of the enrollment process for medical, dental, vision, disability and life insurance benefits provided to Administrative Office of the Court (AOC, JID & Magistrate Court) employees.
- I acknowledge that I have 31 days from my hire date which is _____, to return the enrollment form back to the AOC Human Resources Division even if I do not want to participate in the health benefits.
- If I do not return my enrollment form within 31 days, I understand I can enroll as a late enrollee for medical, and will have to wait 90 days before becoming effective.
- The Basic Life and Disability Plan will be offered but will need to be approved by Standard Life Insurance Company after submitting a Medical History Statement.
- I also acknowledge that there is no late enrollment option for dental and vision, and they will not be offered unless it becomes available during an open/switch enrollment period.

Signature

Date

Cc: Employee Personnel File